

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF PENNSYLVANIA

(D)
copy
SUMMONS IN A CIVIL ACTION

Cleary Plaintiff
V.
Kyler Defendant

CASE NUMBER: 1:00-cv-02125

TO:
(SEE COMPLAINT)

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon

Plaintiff's Attorney:

John Cleary
SCI Pittsburgh
DF5779
Box 999D1
Pittsburgh, PA 15322

an answer to the complaint which is herewith served upon you, within (20) TWENTY DAYS after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

MARY E. D'ANDREA, Clerk

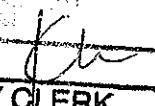
BY:


Deputy Clerk

DATE: January 30, 2001

FILED
SCRANTON

MAR 08 2001

PER 
DEPUTY CLERK

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF PENNSYLVANIA

SUMMONS IN A CIVIL ACTION

PARTIES FOR CASE #1:00-cv-02125

John Cleary
plaintiff

v.

Kenneth Kyler
defendant
William S. Ward
defendant
Howard Imschweiler
defendant

RETURN OF SERVICE - Case #1:00-cv-02125

Service of the Summons and Complaint was made by me *	
NAME OF SERVER (Print)	DATE
	TITLE

Check one box below to indicate method of service

 Served personally upon the defendant. Place where served: Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:

 Returned unexecuted: Other (specify):

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____
Date _____

Signature of Server

Address of Server

*) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

WAIVER OF SERVICE OF SUMMONS

TO: John Cleary

(Name of plaintiff's attorney or pro se plaintiff)

I acknowledge receipt of your request that I waive service of a summons in the action

of Cleary

VS

Kyler

, which is case number CV-00-2125 in the

United States District Court for the Middle District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgement may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after 1-31-01 (date request was sent), or within 90 days after that date if the request was sent outside the United States.

3/6/01

DATE

SIGNATURE

Printed/typed name: Raymond W. Dorian

Assistant Counsel

FILED
SCANTON

Title if any:

Address of Person signing: PA Department of Corrections
Office of Chief Counsel

MAR 08 2001

55 Utley Drive

PER 14

Camp Hill, PA 17011

DEPUTY CLERK

Party you represent: Defendants Kenneth Kyler, William Ward and

Howard Imschweiler

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	<i>John Cleary</i>	COURT CASE NUMBER <i>1:CV-00-2125</i>
DEFENDANT	<i>Kenneth D. Kyler</i>	TYPE OF PROCESS <i>CIVIL ACTION</i>
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Kenneth D. Kyler Superintendent of S.C.I. Camp Hill</i>	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>2500 LISBURN RD CAMP HILL PA 17001</i>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	3
Check for service on U.S.A.	0

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

~~CAMPFIELD PRISON; 2500 LISBURN RD, CAMPFIELD PA 17001; Ph. xx(717)737-4531~~ (717)975-5232

CENTRAL OFFICE, 2320 LISBURN RD, CAMP HILL PA 17001

B600 - 1600 - MON THRU FRI (excluding state and federal holidays)

Signature of Attorney or other Originator requesting service on behalf of:

<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER N/A	DATE 11 JAN 2001
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. <u>67</u>	District to Serve No. <u>67</u>	Signature of Authorized USMS Deputy or Clerk <u>G. Lanelle</u>	Date <u>1/31/01</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above. (See remarks below.)

Name and title of individual served (if not shown above)

<input type="checkbox"/>	A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Date of Service	Time	am
3/6/01		pm

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
\$1.00			\$1.00			

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

John Cleary

COURT CASE NUMBER

1:CV-00-2125

DEFENDANT

Howard Imschweiler

TYPE OF PROCESS

SERVE

(NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN)



Howard Imschweiler - Mail Room Supervisor

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

2500 LISBURN RD.
CAMPHILL, PA 17001

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

John Cleary DF5779
Po Box 99901
Pittsburgh, PA 15233

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

3

Check for service on U.S.A.

0

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

CAMPHILL PRISON; 2500 LISBURN RD, CAMPHILL PA 17001
PH. # (717) 737-4531 ALT PH# (717) 975-5232
CENTRAL OFFICE; 2520 LISBURN RD, CAMPHILL PA 17001
0800 - 1600 - MON. - FRI (excluding state and federal holidays)

Signature of Attorney or other Originator requesting service on behalf of:

 PLAINTIFF
 DEFENDANT
TELEPHONE NUMBER
N/ADATE
11 JAN 2001

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

District to Serve

Signature of Authorized USMS Deputy or Clerk

Date

1/13/01

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service
3/6/01

Time
am
pmSignature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
\$ 0.00			\$ 0.00			

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

JOHN CLEARY

DEFENDANT

WILLIAM S. WARD; UNIT MANAGER; E UNIT

SERVE

(NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN)



WILLIAM S. WARD; UNIT MANAGER; E - UNIT

AT

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

2500 LISBURN RD

CAMPHILL PA 17001

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:



JOHN CLEARY DF5779
P O Box 99901
PITTSBURGH, PA 15233

COURT CASE NUMBER

1:CV-00-2125

TYPE OF PROCESS

CIVIL ACTION

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

3

Check for service on U.S.A.

0

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

CAMPHILL PRISON; 2500 LISBURN RD, CAMPHILL PA 17001
PA. # (717) 737-4531 ALT # (717) 975-5232

CENTRAL OFFICE; 2520 LISBURN RD, CAMPHILL PA 17001
0800 - 1600 - MON - FRI (excluding state and federal holidays)

Signature of Attorney or other Originator requesting service on behalf of:

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

N/A

11 JAN 2001

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I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

District to Serve

Signature of Authorized USMS Deputy or Clerk

Date

1/16/01

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time

3/6/01

am

pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges (including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

8.00

8.00

REMARKS: